

# LOSS REPORT

\_\_\_\_\_  
Last name                      First name (husband)                      Initial

\_\_\_\_\_  
Last name                      First name (wife)                      Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State                                      Zip

\_\_\_\_\_  
Residence phone                      Business phone

\_\_\_\_\_  
Date of occurrence                      Time (that occurrence  
was reported to District)

Item	Cost new	Years old	Present value	Repair or cleaning cost

Witness to loss

\_\_\_\_\_  
Name                                      Address                                      Phone

\_\_\_\_\_  
Name                                      Address                                      Phone